



TOWN OF AMHERST
APPLICATION FOR A TAXI DRIVER/CHAUFFEUR
LICENSE

To the Local Permit Agent:

Date: 10/20/2009

The undersigned hereby applies for a Taxi Driver/Chauffeur License in accordance with the provisions of the Statutes relating thereto:

NAME: Stephen Lee

ADDRESS: 17 Curtis place
Amherst, MA, 01002

TELEPHONE: 508-221-8205

NAME OF COMPANY FOR WHICH YOU WILL BE DRIVING TAXI: Green
Transportation Inc.

DATE OF BIRTH: 04/21/1987 SOCIAL SECURITY #: _____

HEIGHT: 6'00" WEIGHT: 185 HAIR: brown EYES: brown

DRIVER'S LICENSE #: _____

DATE OF EXPIRATION: 04/13/2013

I HAVE NOT BEEN CONVICTED OF A CRIME IN THE LAST FIVE (5) YEARS.

APPLICANT'S SIGNATURE: [Signature]

APPROVED/NOT APPROVED: [Signature] 10/22/2009
Chief of Police Date

Date Approved/Denied: _____ License # _____

Remarks: _____

☆Please return this application to the Select Board's Office, 4 Boltwood Ave., Amherst, MA 01002